

Nebraska's Crime Victim's Reparations Program

What is the purpose of CVR?

- Restorative justice begins with healing the crime victims. Nebraska's CVR program assists innocent victims of crime who have suffered physical injuries and incurred a financial loss.
- The state, or society is not "at fault" for the crime committed against the victim, but victims deserve equal treatment compared to the offender.
- Victims are a neglected part of the criminal justice system. They provide evidence and testimony which allows law enforcement to apprehend and prosecute the criminal.
- The CVR program, in a small but important way, can alleviate some of the financial burdens of crime victims.

Progression of CVR Statutes

- 1978 – CVR legislation was passed in Nebraska. A separate state agency was created.
- 1981 – LB 328 passed and the CVR program was added to the duties of the Crime Commission.
- 1984 – Federal Victim's of Crime Act passed. Nebraska became eligible for federal CVR funds.
- FY 85-86, 86-87, and 87-88 – State funding for CVR was eliminated.
- FY 88-89 – State funding for CVR was restored. The General Fund appropriation was \$210,000. We also received funds from Correctional Industries and federal matching funds.
- FY 02-03 – General funds for CVR were reduced from \$210,000 to \$20,000. In 2004, to adjust to this big reduction in funds, the CVR Committee voted to no longer accept assault claims. We continued to accept claims for domestic violence, homicide, sexual assault, arson, child abuse, robbery, DUI, and kidnapping.

Who is eligible for CVR?

- Innocent victims who suffer physical injuries as the result of a crime are eligible. Property losses are not covered.
- Victims of these crimes are currently eligible: Homicide, Sexual Assault, Felony Assault, Child Sexual Assault/Abuse, Robbery, Domestic Violence, Arson, DUI, and Kidnapping.
- Any funds available from health insurance are deducted before the CVR claim is approved. The maximum amount paid on any claim is \$10,000.
- The victim must report the crime to a law enforcement agency within 3 days of the incident.
- The claim must be filed with our CVR program within 2 years of the date of the crime.
- The victim must cooperate with criminal justice officials in the investigation of the crime and the prosecution of the offender.

Who is eligible for CVR?

- A dependent or legal representative of an innocent victim who has been killed as a result of a crime is eligible to apply for funds to pay for funeral expenses.
- A parent or guardian who is responsible for medical expenses of a minor is eligible to apply.
- A person who is injured while aiding a crime victim or assisting a police officer may also apply for funds.

What expenses may be paid?

- Medical provider expenses incurred as a direct result of the crime.
- Loss of wages while under a doctor's care as a direct result of the crime.
- Funeral expenses - \$5,000 maximum.
- Loss of earning power caused as a direct result of the crime.
- Counseling expenses needed as a direct result of the crime - \$2,000 maximum.
- Conservatorships may be created for minor children of homicide victims - \$10,000 maximum per child.
- **Note:** The maximum award is \$10,000 per incident.

Expenses not eligible include...

- Property loss.
- Payment for pain and suffering.
- Expenses not directly related to the crime.
- Expenses paid by insurance, public funds, the offender, or other sources.

What forms are required?

- The 8 page application form, which includes an instruction page and the attestation page (to affirm that the victim is a U.S. citizen.)
- This form was updated in January 2015 to reflect the removal of the financial resources portion that was previously used.
- The updated form is available on the Nebraska Crime Commission website.

What crimes are covered?

- Homicide
- Sexual Assault
- Domestic Violence
- Child Abuse/Sexual Assault
- Kidnapping
- DUI
- Robbery
- Arson
- Felony Assault (as of July 1, 2011)

What are the CVR Procedures?

- We receive an application form from the crime victim.
- Send acknowledgement letter to the victim.
- Request a copy of the police report.
- Review the police report.
- Contact service providers to verify amounts owed.
- Generate a claim summary sheet for the Hearing Officer.
- The Hearing Officer approves or denies the claim.
- A decision letter is mailed to the crime victim.
- If the claim is approved, we process payments to the victim and/or service providers.
- Denied claims may be appealed to the CVR Committee. If the CVR Committee denies the appeal, the victim may appeal to the District Court.

If...

- Application is received
- Information is gathered
- Claim is reviewed
- Hearing Officer's decision is made
 - Claim is awarded
 - Claimant is notified of decision
 - Payment is processed
 - Providers are paid directly
 - Claimant is reimbursed
 - Supplemental bills are accepted (within 2 years of date of incident)
 - Claim is denied
 - Claimant is notified of decision
 - Written request for appeal
 - Hearing is conducted
 - Decision
 - Right to appeal in District Court

Reasons for denial of a CVR claim

- If the victim's behavior was such that he or she was not an "innocent" victim, then the claim will be denied. For example, the victim could have been involved in gang or drug activity.
- The victim was injured or killed in a motor vehicle accident.
Note: If (1) the driver is charged with D.U.I. or (2) the driver intentionally tried to injure or kill the victim, then the CVR program can pay for those incidents.
- If the victim's conduct contributed to his or her injuries, the claim will be denied. If the victim aided or abetted the criminal in the commission of an unlawful act, then the claim will be denied.
- If the victim was injured or killed while violating a law.

Overview of the Claim Form

Section 1: Victim Information

Section 1. VICTIM INFORMATION (All applicants MUST complete this section)			
Name (Last)		(First)	(Middle Initial)
Social Security Number			
Street or Other Mailing Address		City	State Zip Code
Telephone Number ()	Date of Birth	Age at Time of Incident	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation at Time of Incident		Place of Employment at Time of Incident	
Marital Status	If Married, Spouse's Name		Number of Dependents
<p>FEDERAL CIVIL RIGHTS INFORMATION: The Department of Justice requires us to collect the following data and it is needed to comply with Federal regulations. This information is used for statistical purposes only and will remain confidential.</p> <p style="text-align: center;">(Information relates to victim only)</p> <p>Ethnic Group: _____ Asian or Pacific Islanders _____ White _____ Hispanic (Mexican, Puerto Rican, Cuban, or _____ Black (Not of Hispanic Origin) other Spanish culture)</p> <p>National Origin: _____ (Country of birth)</p>			
Was the victim handicapped before this crime occurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)		Is the victim handicapped as a result of this crime? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	
Deceased victim's place of death (City/State)		Date of Death (Send Copy of Death Certificate)	

Section 2: Claimant Information

Section 2. CLAIMANT INFORMATION

Complete this section if YOU are filing the claim for a victim who is deceased, incapable, or a minor (under age 18) or if you have incurred an actual financial loss as a direct result of the crime.

Your Name (Last)		(First)	(Middle Initial)	Your Social Security Number	
Your Street or Other Mailing Address			City	State	Zip Code
Your Telephone number ()	Your Date of Birth		Your Marital Status		Your Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Your Occupation			Your Place of Employment		
Your relationship to the victim: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Other (Explain)					
Are you dependent on the victim for: <input type="checkbox"/> Principal Support <input type="checkbox"/> Child Support <input type="checkbox"/> Not Dependent on Victim <input type="checkbox"/> Other (Explain)					

Section 3: Minor/Dependent Info.

Section 3. INFORMATION ABOUT THE MINOR and/or DEPENDENT OF VICTIM

Is this claim being made for a minor or dependent of the victim? ☐ Yes ☐ No

If the claim is being made for a minor or loss of support for a dependent of the victim please complete this section.

If there are multiple minors/dependents of the victim, a separate claim form is needed for each minor/dependent.

In addition, a copy of the victim's income tax return for the previous year is needed.

Name (Last) of Minor/Dependent		(First)	(Middle Initial)	Social Security Number of Minor/Dependent
Current Street or Other Mailing Address of Minor/Dependent		City		State Zip Code
Current Telephone Number of Minor/Dependent ()	Date of Birth of Minor/Dependent	Marital Status of Minor/Dependent		Sex of Minor/Dependent: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Minor/Dependent to Victim: <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other (Explain)				
Name, Address, and Telephone Number of person having legal custody:				
What other benefits were and are being received for the support of the minor/dependent(s): <input type="checkbox"/> Welfare for child/dependent <input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security Insurance (SSI) <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid Other_____				

Section 4: Attorney Information

Section 4. ATTORNEY INFORMATION

Attorney, if any:

Attorney's Business Address

City

State

Zip Code

Attorney's Telephone Number

Attorney's Social Security Number or Tax ID #

Section 5: Crime Information

Section 5. CRIME INFORMATION (All applicants must complete this section)													
Date of Crime	Place & Time of Crime	Date Reported	Who Reported Crime?										
<p>Type of Crime (Please check)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input type="checkbox"/> Sexual Assault</p> <p><input type="checkbox"/> Child Sex Abuse</p> <p><input type="checkbox"/> Child Physical Abuse</p> <p><input type="checkbox"/> Domestic Assault</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> Assault</p> <p><input type="checkbox"/> Murder/Homicide</p> <p><input type="checkbox"/> DUI/DWI</p> <p><input type="checkbox"/> Other (please specify)</p> </div> </div> <p>Was the crime committed by a family member or person living with the victim? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide a brief description of the crime in your own words. (Use additional sheet of paper if necessary)</p> <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>													
<p>Law enforcement agency crime was reported to:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%; padding: 5px;">Who committed the crime, if known?</th> <th style="padding: 5px;">Please include names & addresses of any witnesses to the crime, if known.</th> </tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> <tr><td style="height: 30px;"></td><td></td></tr> </table>				Who committed the crime, if known?	Please include names & addresses of any witnesses to the crime, if known.								
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<p>Have charges been filed by the County or City Attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>													
<p>Has the accused been convicted of the crime on which this claim is based? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>													

Section 6: Loss of wages

Section 6. LOSS OF WAGE INFORMATION

Are you the victim? ☐ Yes ☐ No Are you claiming loss of wages? ☐ Yes ☐ No

If yes to both questions, complete the following and enclose three payroll stubs and a copy of your doctor's release.

Number of days or hours missed due to crime		Date released from doctor's care (Attach copy of doctor's release)	
Name of victim's employer		Employer's telephone number ()	
Employer's business address	City	State	Zip Code
Dates absent from work due to crime related injuries: From _____ To: _____			
<p>NOTE: If you are self-employed, you must furnish us with copies of estimates, bids, contracts, or your tax return from last year to accurately determine lost wages.</p> <p>Did you receive any payment from sources such as sick pay, vacation pay, Worker's Compensation, etc. while you were absent from work for crime related injuries? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p>			

Section 7: Amount being claimed

Section 7. AMOUNT OF YOUR CLAIM (All applicants MUST complete this section)

Note: You do not need to wait until you receive all medical bills before you complete this section. Enter total amounts for the bills you currently have which are related to the crime.

You must submit itemized copies of medical and/or funeral bills. If claiming loss of wages see instruction sheet. If claim is approved you will be reimbursed only for those expenses incurred which are not paid by another source such as insurance.

1. Total hospital bills \$ _____

2. Total doctor's and ambulance bills \$ _____

3. Total prescription (drug) bills (Other than those prescribed in hospital) \$ _____

4. Funeral expenses (Include copy of death certificate) \$ _____

5. Amount of income lost as a result of the incident \$ _____

6. Other expenses not covered above (Explain)
(Property loss and Pain & Suffering are not covered) \$ _____

TOTAL AMOUNT OF CLAIM \$ _____

Will there be additional medical bills? ☐ Yes ☐ No ☐ Unknown

Section 8: Insurance Information

Section 8. All applicants seeking compensation for medical bills must complete the following information.

Have you received any money from the following sources to pay for expenses related to the crime?

Source of Compensation	Yes	No	Unknown	Name of Insurance Company/Policy Number
Private Insurance				
Group Insurance				
Medicaid (Title 19)				
Medicare				
Worker's Compensation				
Other (please specify)				

Have you applied for any other public assistance? ☐ Yes ☐ No

If yes, explain:

Section 9: Authorization of Release

Section 9. IMPORTANT - READ CAREFULLY

This authorization is an integral part of your application and must be completed, signed, and notarized before any action will be taken on your claim.

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any hospital, physician, medical facility, mental health provider or other person who attended or examined the victim; any funeral home or other person who rendered services; any employer of the victim; any law enforcement or other state/federal governmental agency; and any insurance company or organization having knowledge, to furnish the Nebraska Crime Victim's Reparations program or its representative, confidential information with respect to the incident leading to the victim's personal injury or death and the claim made herewith for compensation. A photocopy of this signed release is as effective and valid as the original.

I furthermore understand that any recovery of my losses through restitution/reimbursement from the offender, a civil suit, insurance or from any other governmental or private agency shall entitle the Nebraska Crime Victim's Reparations program to be reimbursed for any compensation awarded me by the Nebraska Crime Victim's Reparations program. The undersigned swears or affirms the information contained herein is true to his/her best knowledge. I understand that the filing of false information is an offense punishable by law.

Victim or Claimant Signature
(Parent/Guardian if victim/claimant/dependent is a minor)

SWORN BEFORE ME THIS _____ DAY OF _____, 2 _____

NOTARY PUBLIC: _____

Section 10: Attestation Form

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

-OR-

☐ I am a qualified alien under the federal Immigration and Nationality Act, my immigration status and alien number are as follows _____
and I agree to provide a copy of my USCIS documentation upon request.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States.

PRINT NAME _____
(First, Middle, Last)

SIGNATURE _____

DATE _____

What we are working towards...

- Negotiated payments to service providers, i.e. we intend to negotiate with hospitals and other service providers so we can pay the medical bills of crime victims at insurance provider rates or from a fee schedule.
- On-line submission of CVR claims.

Contact Information

- Application forms and other information about the CVR program are on the Crime Commission website. www.ncc.nebraska.gov
- Our address is: Nebraska Crime Commission
301 Centennial Mall South
P.O. Box 94946
Lincoln, NE 68509
- Phone number for the CVR program is 402-471-2828.

Claim Statistics FY 13-14

- ❖ Claims Pending July 1, 2013 = 67
- ❖ New Claims and Appeals = 85
- ❖ Claims Determination = 108
- ❖ Claims Awarded = 59 = \$222,740
- ❖ Claims Pending June 30 2014 = 43
- ❖ Revenue = \$211,570